

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

5905

05915

1. PLACE OF DEATH - COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>MD.</u> COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Sudlersville Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Sudlersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>BEAUFORD</u> (Middle) <u>H</u> (Last) <u>COURSEY</u>	4. DATE OF DEATH	(Month) <u>June</u> (Day) <u>9</u> (Year) <u>1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Feb 6-1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tenant Farmer - Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>71</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>MD.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>James Coursey</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>213-10-7871</u>	
17. INFORMANT AND ADDRESS <u>Mrs Ethel May Smith Sudlersville</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Lobar Pneumonia</u>			<u>3 days</u>
(b) Antecedent cause(s) <u>Ch. Myocardial Insufficiency</u>			<u>6 mos</u>
(c) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS <u>Ch. Arthritis</u>			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/8/55</u> to <u>6/9/55</u> , that I last saw the deceased alive on <u>6/8/55</u> , 19 <u>55</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.			
SIGNATURE <u>J. H. Hamilton</u>		ADDRESS <u>Huttlington Md</u>	
DATE SIGNED <u>6/10/55</u>			
23. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		DATE THEREOF <u>June 12-55</u>	
NAME OF CEMETERY OR CREMATORY <u>Sudlersville</u>		LOCATION (City, town, or county) <u>Sudlersville</u>	
24. FUNERAL DIRECTOR <u>Edgar L. Lane</u>		ADDRESS <u>Edgar L. Lane Church Hill</u>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

BUREAU V. S.

JUN 20 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07037

1 5906 CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Queen Anne</u>	MARYLAND	STATE <u>Ind.</u>	COUNTY <u>Queen Anne</u>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
<input checked="" type="checkbox"/> TOWN		TOWN <u>Rural Centerville</u>	<input checked="" type="checkbox"/>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH:	
(First) <u>JOHN</u> (Middle) <u>H.</u> (Last) <u>NEWTON</u>		(Month) <u>June</u> (Day) <u>29</u> (Year) <u>1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Sept. = 1888</u>
9. AGE last birthday: <u>66</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Freight Handler</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>R.R.</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY: <u>USA</u>	
13. FATHER'S NAME: <u>John H. Newton</u>		14. MOTHER'S MAIDEN NAME: <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>9</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: <u>Ronise Newton = 2210 Olive St. Phila. Pa.</u>		INTERVAL BETWEEN ONSET AND DEATH: <u>1 hour</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 IMMEDIATE CAUSE		(A) <u>Coronary Occlusion</u>	
ANTECEDENT CAUSE (B)		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/29</u> , 19 <u>55</u> , to <u>6/29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/29</u> , 19 <u>55</u> , and that death occurred at <u>7:30 P</u> M, from the causes and on the date stated above.			
SIGNATURE <u>W. Henry Foster</u>		ADDRESS <u>Centerville Ind.</u> DATE SIGNED <u>7-2-55</u>	
M. D. <u>Centerville Ind.</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY): <u>Burial</u>		DATE THEREOF: <u>July 2</u>	
NAME OF CEMETERY OR CREMATORY: <u>Carmichael</u>		LOCATION (City, town, or county) (State): <u>Carmichael Ind.</u>	
DATE REC'D BY LOCAL REGISTRAR: <u>7-2-55</u>		24. FUNERAL DIRECTOR: <u>Edgar L. Rone = Church Hill Ind.</u>	

BUREAU V. S.

JUL 12 1953

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 5907

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05916

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY <u>Luzern Anne</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Luzern Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Barclay</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>near Barclay</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Toshua</u> (First) <u>Sudler</u> (Last)		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>22</u> (Year) <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE MARRIED. <u>WIDOWED</u> (Specify)	8. DATE OF BIRTH <u>July 12, 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Day Labor</u>	9. AGE last birthday <u>57</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>near Barclay Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Geo. Sudler</u>		14. MOTHER'S MAIDEN NAME <u>Louisa Whittington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Maggie Seals (sister) Barclay Md</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>434.3 Immediate cause</u> <u>He was working getting up hay - apparently he got too hot & fell off wagon - & was dead</u> <u>Evidently a heart condition</u>			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) <u>farm</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>			
SIGNATURE <u>W. Henry Fisher M.D. Deputy Med Ex for 2a Co Md</u>		DATE SIGNED <u>6/22/58</u>	
23. BURIAL, CREMATION OR REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>6/25/58</u>	
NAME OF CEMETERY OR CREMATORY <u>St. Daniels Cem.</u>		LOCATION (City, town, or county) (State) <u>Barclay, Luzern Anne Co Md.</u>	
DATE REC'D BY LOCAL REG. <u>6-23</u>		24. FUNERAL DIRECTOR <u>Edward F. Edwards, Millington Md.</u>	

BUREAU V. 3

JUN 30 1965

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